

Revised 704 Annual Performance Report Frequently Asked Questions (FAQ)

In this document, the Rehabilitation Services Administration (RSA) offers answers to substantive questions posed by representatives of centers for independent living (CILs), statewide independent living councils (SILCs) and designated state units (DSUs) regarding the revised annual section 704 Report. Part I of the 704 Report is completed jointly by DSUs and SILCs. Part II of the 704 Report is completed by CILs.

This FAQ document is a follow-up to the National Teleconference and Webcast conducted by Independent Living Research Utilization (ILRU) and RSA in August 2006. Areas addressed here are taken from a variety of sources including questions received directly by RSA as well as those posted on the national training discussion board (<http://ncil.org/phpBB2/viewforum.php?f=11>). RSA would like to thank the many individuals who contributed to this process, with special thanks to Ms. Julia Sain for her efforts in this training and subsequent discussion board activity.

The revised 704 Report incorporates newly established performance goals and measures for the Independent Living (IL) program. These measures aim to better reflect the IL impact on individuals and the community. The primary difference in the new 704 Report is its increased focus on “outcomes,” in comparison with “outputs.” Outputs represent the independent living activities and services provided by centers for independent living, DSUs and other IL service providers. Outcomes represent the impact that the IL services and activities have on the consumer, that is, the extent to which consumers achieved greater independence and community integration. Outcomes are the ends, whereas outputs are the means. Both are important yet, ultimately, the independent living program will be evaluated based on its outcomes.

Additional information about the revised 704 Report:

- In order to better measure outcomes, as well as outputs, the revised 704 Report introduces the two related reporting requirements: (a) Goals Related to Increased Independence in a Significant Life Area; and (b) Improved Access to Previously Unavailable Transportation, Appropriate Health Care and Assistive Technology. These new questions are further explained in the 704 Report Instructions as well as in this FAQ document.
- Funding, outcomes and consumer data from CILs receiving any Part C funds, regardless of amount, are to be reported in Part II of the 704 Report submitted by those CILs. Data from CILs or other service providers receiving Part B or state funds – and that did not receive any Part C funds – are reported in Part I of the 704 Report.
- The 704 Report should include information about any consumer served through non-title VII programs and funding sources under the circumstances described in question #4.
- The 704 Report narrative sections are designed for brief and concise responses, with only enough detail to provide an accurate picture of the DSU’s, SILC’s or center’s activities, accomplishments and challenges.
- RSA recognizes the challenges for DSUs, SILCs and CILs in making the data collection and reporting system adjustments necessary to accommodate the new 704 Report requirements. In the appropriate 704 Report narrative sections, please note any difficulties encountered and actions taken to resolve these difficulties for the FY 2007 reporting year.

- The due dates for Part I are December 31, 2006 for the section 722 states and January 31, 2007 for the section 723 states. The due date for Part II is December 31, 2006. (CILs in 723 states must get their reports to the DSU in time for the state to submit its Part I to RSA by January 31, 2007.)

The questions and answers in this document are organized according to the corresponding subparts of the 704 Report. Each FAQ section identifies the 704 Report subpart and indicates whether it applies to Part I or Part II of the 704 Report, or both.

Note: The term, “service providers” in this FAQ is used as a representative term for all providers of IL services, including CILs and DSUs providing services directly or indirectly (through grants or contracts).

Administrative Data - Subpart I (704 Parts I and II)

Sources and Amounts of Funds and Resources

1) What funding sources and amounts should be included in the 704 Report, Part I?

The 704 Report, Part I should include only the funds received directly by the DSU and/or the SILC. Funding received by Part C centers is to be included in the CILs’ respective 704 Report, Part II.

Note: Funding sources may appear in both Part I and Part II in some cases. For example, Part B funds received by the DSU would appear both in Part I and in Part II, if any CILs received a portion of those Part B funds through a DSU grant or contract.

2) What are pass-through funds?

Pass-through funds are defined in the 704 Report Instructions as non-title VII funds “that a provider receives on behalf of a consumer that are subsequently issued by the provider directly to the consumer.” They include any funds that are received by the service provider on behalf of the consumer and are expressly designated, by the funding source, for a particular use by or on behalf of the consumer. These funds are either directly passed on to the consumer by the service provider or are expended on behalf of the consumer by the service provider for a specific use determined by the funding source. For example, if a personal care attendant contract stipulates that 20% of the funding must be used to provide a specific number of hours of personal care attendant services for consumers, that 20% would represent pass-through funds. The service provider pays the attendant on behalf of the consumer (who, in turn, may be responsible for hiring and supervising the attendant).

Number and Types of Individuals with Significant Disabilities Receiving Services – Subpart II (704 Parts I and II)

General Consideration:

3) Are recipients of Information and Referral services counted in subpart II of the 704 Report?

Subpart II includes only consumers with Consumer Service Records (CSRs). Because CSRs are not required for individuals who receive only information and referral (I & R) services, those individuals are not counted in subpart II.

Non-Part Title VII Funding

4) Can the 704 Report include consumers served through programs not funded by title VII (e.g., benefits planning, personal care attendant services, housing vouchers)?

The 704 Report should include information about any consumer served through non-title VII programs and funding sources if: (1) title VII funds contributed at least in part to the availability of the non-title VII program (e.g. title VII funds used to secure a non-title VII grant or contract); (2) the non-title VII funds were generated by a title VII-supported activity (e.g., fee-for-service contracts for IL services); or (3) the consumer also receives services funded by title VII.

For example, a service provider may be assisting a consumer through two employment-related, non-title VII programs, the Work Incentives Planning and Assistance (WIPA) program and a pre-vocational fee-for-service contract with the state rehabilitation (VR) agency. Any of the following circumstances involving title VII funding would result in this consumer and his/her outcomes being reported in the 704 Report: 1) Part C funds were used to prepare the proposals and secure the WIPA and VR contracts; 2) the income received from the VR agency was used to provide IL services to the consumer; or 3) while receiving non-title VII services, the consumer begins to receive complementary Part C-funded services to find the housing, transportation and assistive technology required for him/her to obtain and retain a job. Under these circumstances, the service provider should open a CSR for this consumer and report the services provided and his/her outcomes achieved on the 704 Report.

Consumer Service Records

5) What is the definition of an active CSR?

Active CSRs are those that correspond to consumers who, at any given time during the reporting year, received services. RSA does not consider as “active” a CSR that is merely “open” (that is, not formally closed), but which does not reflect any consumer services in the reporting year.

6) What are the required elements for a CSR?

According to 34 CFR 364.53, a CSR must contain the following elements:

- 1) Documentation concerning eligibility or ineligibility for services;
- 2) The services requested by the consumer;
- 3) Either the IL plan developed with the consumer or a waiver signed by the consumer stating that an Independent Living Plan (ILP) is unnecessary;
- 4) The services actually provided to the consumer; and
- 5) The IL goals or objectives—established with the consumer, whether or not in the consumer's IL plan; and achieved by the consumer as self-reported by the consumer

Note: Goals must be included in consumer’s CSR, whether or not the consumer signed an ILP or a waiver.

7) Under what circumstances should CSRs be closed?

Generally, CSRs are closed if the consumer moves, withdraws, dies or completes all goals and objectives (whether or not listed in an ILP). Consistent with informed choice, it is the consumer who determines if and when his or her goals have been met. Closing a CSR does not necessarily represent the end of the consumer's relationship with the service provider. A CSR can be reopened for any reason at any time.

Federal law and regulations do not provide precise guidelines concerning the timing and procedures for closing CSRs. Service providers should address this issue in their written policies and procedures in accordance with the IL philosophy.

8) How do we count CSRs that were opened in a prior year?

The FY 2006 704 Report should include any CSR that is considered active, that is, CSRs for consumers who, at some point during the reporting year, were pursuing IL goals and receiving IL services. This is true regardless of when the CSR was originally opened.

Completing Sections E – J

9) What are the major changes to the demographic categories?

The age ranges in section E have been modified to conform to U.S. Census Bureau classifications and the Older Americans Act. Also, the 704 Report specifies that age, sex, ethnicity and disability as well as race are to be self-identified by the consumer.

In addition, the 704 Report, Part II adds a table, Individuals Served by County During the Reporting Year. This is not a new data requirement (it was a narrative question in the previous 704 Report), but is now offered in table format for the convenience of respondents.

10) How should we complete the Age section, if our computer software has not been modified to reflect the new age ranges?

RSA recognizes the challenges for DSUs, SILCs and CILs in making the data collection and reporting system adjustments necessary to accommodate the new 704 Report requirements. In the appropriate 704 Report narrative sections, please note any difficulties encountered and actions taken to resolve these difficulties for future reports.

11) How should providers account for consumers who do not self-identify for any of the questions in sections E – I?

Service provider with consumers who do not self-identify on any of the questions related to age, sex, ethnicity, race, or disability for any reason should report this fact in the narrative section in subpart VII of the 704 Part II (or subpart VI of Part I).

12) In my CIL's service area it appears that most consumers with multiple disabilities have a mental or emotional disability. How can we highlight this fact in our 704 Report, since consumers are only allowed to select one disability category in section I?

Noteworthy facts, such as the one described in this question, should be explained in subpart VII of the 704 Part II (or subpart VI of Part I).

Individual Services and Achievements – Subpart III (704 Parts I and II)

Differences Between Section A and Section B, Items 1 and 2

13) What are the differences between Individual Services (section A), Goals Related to Increased Independence in a Significant Life Area (section B, item 1) and Improved Access to Previously Unavailable Transportation, Appropriate Health Care and Assistive Technology (section B, item 2)? Aren't they duplicative?

The three sections are not duplicative although they contain similar categories. For example, Transportation Services appears in section A; Mobility/Transportation appears in section B, item 1; and Transportation appears as one of the three focus areas in section B, item 2.

However, the differences between the three sections become clear upon closer examination. Individual Services (section A) represents the IL services received by consumers in their pursuit of desired goals and outcomes. They are the means to the ends. Increased Independence in a Significant Life Area (section B, item 1) corresponds to the consumer's fundamental purpose in seeking the IL services. Significant Life Areas represent the desired goals, outcomes, ends. Improved Access to Previously Unavailable Transportation, Appropriate Health Care and Assistive Technology (section B, item 2) represents three conditions that may be necessary for the consumer to achieve the goals outlined in section B, item 1.

The example of a consumer with a Relocation from a Nursing Home or Institution goal (Significant Life Area J) illustrates how the three sections work together. To achieve this goal, the consumer receives Housing, Home Modifications and Shelter Services, Peer Counseling Services, Personal Assistance Services and Vocational Services (Individual Services G, L, M and V). As a result of these services the consumer finds suitable housing, hires a personal attendant and obtains gainful employment. However, the consumer still cannot achieve his goal because he does not have transportation between his new home and his new job. An obstacle to his goal has emerged. In response, he adds Transportation Services to his ILP and worked with the center to achieve access to the previously unavailable transportation. Once that access is achieved, he will finally be able to attain his Relocation from a Nursing Home or Institution goal.

Note: It is possible for a consumer to achieve access to previously unavailable transportation without necessarily receiving transportation services as defined in section A. Individuals with significant disabilities can overcome barriers to accessible transportation through a number of other IL services including the four core services. For example, an IL service provider may facilitate a consumer's access to previously unavailable transportation through independent living skills training, mobility training, assistive devices, prostheses or personal attendant care assistance.

Non-Title VII Funding

14) Can the 704 Report include Individual Services, Goals and Access obtained through programs not funded by title VII (e.g., benefits planning, personal care attendant services, housing vouchers)?

Please refer to question #4.

Individual Services

General Considerations

15) Can the 704 Report include services provided to consumers who live outside the service area?

In accordance with 34 CFR 364.41(b), residency limitations cannot be imposed on the provision of services to eligible individuals. Service providers should report all services and outcomes regardless of the consumer's place of residence, even if the center simply referred the consumer to another provider whose service area would be more convenient for the consumer.

If CIL A refers the consumer to CIL B for the provision of IL skills training, for example, this consumer would appear under I & R Services in CIL A's 704 Report and under IL Skills Training in CIL B's 704 Report. There would be no duplication of services in this case.

Service providers with a significant number of consumers from outside its service area are encouraged to note this fact under Additional Information Concerning Individual Services and Achievements (subpart III, section C).

16) Should the Consumers Requesting Services column in table A reflect every requested service, even services that are not normally offered by the service provider?

Service providers should report all requested services meeting the IL services definition in 34 CFR 364.4, even if any given service is not offered by the service provider. If such a service is requested frequently, an explanation in Additional Information Concerning Individual Services and Achievements (subpart III, section C) would be appropriate.

Services Provided Multiple Times to the Same Consumer

17) How should service providers count services that are provided repeatedly to a single consumer? For example, if a consumer receives peer support, do we count the service only once or can we count each peer support session that the consumer attends? If a single consumer receives I & R in five separate occasions, do we count such services one time or five times?

Certain services such as peer counseling, IL skills training and therapeutic treatments by nature require multiple interactions. Though a particular service may require multiple interactions, it is still the same service. Generally, a service that is provided through multiple interactions should be counted only once. However, a service provider may count a type of service more than once if each time that service is provided it is identified in the CSR as a unique occurrence in support of a different purpose or goal.

For example, peer counseling may be counted three times if the CSR documents three distinct peer counseling efforts that support three separate goals, e.g., Self-Advocacy/Self-Empowerment, Community-Based Living and Community/Social Participation. Similarly, if a consumer receives I & R services a total of five times in the pursuit of two distinct goals, then I & R would be counted only twice.

Services Related to More Than One Category

18) How do we count a service that can fit under more than one category? For example, transportation services provided to an 18-year old consumer could possibly be counted under Youth/Transition Services or Transportation Services. Can we list this service under each of the two categories?

Services should be counted once, under a single category, in order to avoid duplication. It is up to the service provider to determine the appropriate category under which to count the service, depending on the nature or purpose of the service. For example, if an 18-year old consumer requests assistance in using the para-transit system, the service provider may consider it most appropriate to describe this as a Transportation Service rather than a Youth/Transition Service because the essential purpose of the service is not age-specific.

19) What is the difference between Assistive Technology and Rehabilitation Technology Services?

Assistive Technology relates to assistive devices or services that are readily available to the consumer “off the shelf.” Rehabilitation Technology Services relates to devices or services requiring significant modifications to meet the particular needs of the consumer, using applied technologies, engineering methodologies or scientific principles.

Though Rehabilitation Technology Services may include the use of assistive technology devices and services, if the service involves only assistive technology it should be counted under Assistive Technology, not under Rehabilitation Technology Services.

Note: Both rehabilitation technology and assistive technology include a broad range of independent living resources including daily living, mobility, cognitive and communications aids as well as information technology.

Goals Related to Increased Independence in a Significant Life Area

20) What makes a good goal?

Ultimately, it is the consumer who decides whether or not a goal is “good.” Generally, an IL goal must accurately represent consumers’ wishes with regard to their particular aspirations for greater independence and community integration. As discussed earlier, it is important to distinguish between the goals (the ends) and the related services and activities (the means).

Goals should be measurable wherever possible.

21) What is the difference between a goal and a significant life area?

Each Significant Life Area represents many related goals. The term, “Significant Life Areas” groups related goals into a manageable number of categories for reporting purposes, that is, for measuring the independent living program’s impact. RSA has adopted this term because of the number and variety of possible independent living goals.

22) Does the consumer select the significant life area that appears on the 704 Report?

The consumer chooses the goal. The service provider selects the significant life area category that most closely matches the goal.

23) If an achieved goal matches more than one significant life area category, can the service provider count the goal multiple times?

A particular achieved goal should be counted once, under one significant life area, to avoid duplication. It is up to the service providers to determine under which significant life area category to count a particular goal. The primary factor to consider is the essential purpose of the services provided to the consumer.

For example, peer counseling to a 15-year old consumer could result in greater independence in three significant life areas: Self-Advocacy/Self-Empowerment, Educational and Community/Social Participation. But, if the consumer’s main purpose is to attend college, then the service provide may determine that Educational would be the most appropriate category.

Service providers are encouraged to establish criteria for classifying goals by significant life area category as well as procedures to ensure that such criteria are applied consistently.

24) What is the difference between Community-Based Living and Relocation from a Nursing Home or Institution?

Community-Based Living is broader than Relocation from a Nursing Home or Institution. It may include, for example, preventing institutionalization, moving from one community-based living arrangement to another, or being able to stay in a current community-based setting.

Improved Access to Previously Unavailable Transportation, Appropriate Health Care and Assistive Technology

General Considerations

25) What does Consumers Requiring Access mean? Why not say “consumers requesting access?”

The 704 Report does not refer to “consumer requesting access” because a consumer may not initially request access to previously unavailable transportation, appropriate health care or assistive technology. A consumer’s original goals and requested services may be totally unrelated to transportation, health care and assistive technology but, subsequently, the service provider or the consumer may realize that access to these resources may be necessary for the consumer to achieve his or her goal.

In question #13, Relocation from a Nursing Home or Institution was the consumer's requested goal. Transportation was not among the consumer's requested services. Access to previously unavailable transportation was required only after it became apparent that, without transportation between home to work, the consumer could not achieve his goal.

26) If we provide an I & R service related to transportation, can we count it under “Consumers Achieving Access” to transportation?

To count a consumer as having achieved access to transportation because of an I & R service, a service provider must be able to document that the consumer used the information received from the center and has, as a result, accessed the previously unavailable transportation. This does not mean that a service provider must open up a CSR for this consumer, but it must be able to show through its follow-up contacts that the consumer did achieve access to transportation.

27) What does the column, “Consumers Whose Access is in Progress” mean and why is it necessary?

Until a consumer achieves access to transportation, appropriate health care or assistive technology, the access is “in progress.” RSA included this column in the table because it may not be possible for a consumer to gain access to any of these resources within a single reporting year. In these cases, “Access in Progress” more accurately reflects the service provider's ongoing efforts on behalf of its consumers.

Note: In order to ensure reporting consistency, any consumer included under the Access is in Progress column must also be reported under the Requiring Access column as well, even if efforts to achieve access began prior to the reporting year.

28) What does “previously unavailable” mean?

The term, “previously unavailable” means that transportation, health care or assistive technology is not available to a particular consumer, whether or not it exists in a given community. For example, a city may have a para-transit system in place, but the consumer may lack the information, skills or motivation to access it.

29) What does “access to appropriate health care services” mean?

It refers to the accommodations, support and assistance required for the consumer to use the medical services available in a community. For example, a consumer's access to appropriate health care may require a personal care attendant, interpreter, reader or individual/systems advocacy to make a medical office accessible to the consumer.

I & R Follow-Up Contacts

30) Are service providers required to conduct I & R follow-up contacts?

There is nothing in the law or regulations that require service providers to follow up with individuals who received I & R services. Such contacts are encouraged because they offer service providers additional opportunities to quantify their impact on consumers. Without them, for example, a CIL would not know if its I & R service resulted in a consumer's access to previously unavailable transportation and could not count that consumer in subpart III, section B, item 2(A).

Service providers should indicate in subpart III, section B, item 2(B) whether they conducted I & R follow-up contacts, and are encouraged to report on their experience in conducting the follow-up activities in subpart III, section C.

Special Circumstances

31) It is not possible for most of my consumers to achieve access to transportation because accessible transportation does not exist in my CIL's remote service area. I am concerned that the 704 Report will reflect poorly on our CIL because this section would not reflect our extensive systems advocacy efforts in the area of transportation.

RSA recognizes that every community is unique. The 704 Report includes several narrative sections for describing the particular needs, challenges and opportunities of each community. The lack of accessible transportation in a remote service area, for example, may be described in subpart III, section C.

Service provider's community activities related to transportation, health care and assistive technology are reported in subpart IV, discussed below.

Community Activities - Subpart IV, Section A of the 704 Report (Part I) and Subpart IV, Section D of the 704 Report (Part II)

Non-Title VII Funding

32) Can the 704 Report include community activities conducted through programs not funded by title VII (e.g., benefits planning, personal care attendant services, housing vouchers)?

Please refer to question #4 in subpart II.

General Considerations

33) If a community initiative fits under more than one issue type or activity type, can it be counted multiple times?

A particular community initiative should be counted only once, under the issue type and the activity type that most closely matches the initiative's essential purpose and related activities. DSUs, SILCs and CILs are encouraged to establish criteria for classifying community initiatives by activity type and issue type as well as procedures to ensure that such criteria are applied consistently.

Service providers may provide additional information about the community activity under Description of Community Activities in section D, item 2, subpart IV of the 704 Report Part II (subpart IV, section A, Item 2 in Part I).

Extent of CIL Compliance with the Six Evaluation Standards – Subpart IV (704 Report, Part II)

General Consideration

34) How long do the responses to the narrative sections need to be?

Responses should be concise, with only enough detail to provide an accurate picture of the CIL's activities, accomplishments and challenges relating to each compliance indicator.

35) Where are CILs' outreach efforts on behalf of unserved or underserved populations reported?

Outreach efforts should be described in subpart IV, section D (Compliance Indicator 4 – Community Options and Community Capacity). Outreach efforts is one of the Activity Types in section D, defined in the 704 Report Instructions as “the location of, and encouragement to use services for, unserved/underserved populations including minority groups and urban and rural populations.” Outreach efforts may also be described elsewhere in subpart IV whenever appropriate to demonstrate the service provider's compliance with other indicators. For example, section B, subpart IV (Compliance Indicator 2: Provision of Services on a Cross-Disability Basis) requires service providers to show how they “provide IL services to individuals . . . who are members of populations that are unserved or underserved by programs under title VII of the Act.”

Subpart V – Annual Program/Financial Planning Objectives (704 Report, Part II)

Submission of Work Plans

36) Which work plan must be described under “For the Year Following the Reporting Year?”

In the FY 2006 704 Report, this work plan refers to the one that will guide the center's work during the 2007 fiscal year (October 1, 2006 – September 30, 2007). Progress in implementing this work plan will be described in subpart V, section A of the subsequent 704 Report (i.e., FY 2007) to be submitted to RSA by December 31, 2007.

Note: The foregoing represents a change from the previous 704 Report. Previously, the 704 Report requested the work plan for the second year following the reporting year. (For example, the work plan for FY 2007 was included in the FY 2005 704 Report.)